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CONFIRMATION NO. 1641

Bib Data Sheet

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|--|---|--------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>09/644,777   | <b>FILING DATE</b><br>08/23/2000<br><br><b>RULE</b>   | <b>CLASS</b><br>606            | <b>GROUP ART UNIT</b><br>3732   | <b>ATTORNEY DOCKET NO.</b><br>10 , 033 |
| <b>APPLICANTS</b><br><br>Roger P. Jackson, Mission Hills, KS;  |   |                                |   |  |
| <b>** CONTINUING DATA *****</b><br><div style="text-align: center; font-family: cursive;">none CCS</div>   |   |                                |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br><div style="text-align: center; font-family: cursive;">none CCS</div>  |   |                                |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b><br><b>** 10/16/2000</b>  |   |                                |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met<br>Verified and Acknowledged <span style="margin-left: 50px;"><i>[Signature]</i></span> <span style="margin-left: 50px;"><i>[Initials]</i></span><br><div style="display: flex; justify-content: space-between; width: 100%;"> <span>Examiner's Signature</span> <span>Initials</span> </div> |   | <b>STATE OR COUNTRY</b><br>KS  | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>26              |
|  |   | <b>INDEPENDENT CLAIMS</b><br>8 |   |  |
| <b>ADDRESS</b><br>John C McMahon<br>P O Box 30069<br>Kansas City , MO<br>64112   |   |                                |   |  |
| <b>TITLE</b><br>Threadform for medical implant closure   |   |                                |   |  |
| <b>FILING FEE RECEIVED</b><br>1022   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |